

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0466

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Woodabrook</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Woodabrook</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>(If rural, give location)</u>	

3. NAME OF DECEASED (Type or Print)	(First) <u>JOHN</u>	(Middle) <u>HAMILTON</u>	(Last) <u>AMBROSE</u>	4. DATE OF DEATH <u>Jan 21</u>	(Month)	(Day)	(Year)
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 13, 1877</u>	9. AGE last birthday yrs. <u>73</u>	If under 1 year Months	Days	If under 24 hrs. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tenant</u>	11. BIRTHPLACE (State or foreign country) <u>2nd</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------	---------------------------------------------------------	-----------------------------------------------

13. FATHER'S NAME <u>John C. Ambrose</u>	14. MOTHER'S MAIDEN NAME <u>Amanda Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>
17. INFORMANT <u>Mrs. Bertha Ambrose</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
447x	Immediate cause <u>Chronic myocardial failure</u>	1 year
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Arteriosclerosis, generalized</u>	12 years
	(b) <u>Essential Hypertension</u>	10 years
	(c) <u>Diabetes mellitus</u>	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) m.	(Hour) White at Work <input type="checkbox"/>	INJURY OCCURRED Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <u>Jan 21</u> , 1951, to <u>2 Jan</u> , 1951, that I last saw the deceased alive on <u>21 Jan</u> , 1951, and that death occurred at <u>... m.</u> , from the causes and on the date stated above.		
SIGNATURE <u>Samuel J. M. D.</u>	ADDRESS <u>Walkersville, Md.</u>	DATE SIGNED <u>22 Jan 51</u>

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 24, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>United Bethesda</u>	LOCATION (City, town, or county) (State) <u>Thurmont, Fred. Co., Md.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan. 23, 1951</u>	24. FUNERAL DIRECTOR ADDRESS <u>S.C. Barton, Walkersville, Md.</u>		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6467

CERTIFICATE OF DEATH

Reg. Dist. No..... 132

1. PLACE OF DEATH Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MO. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Middletown				
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Middletown			LENGTH OF STAY (in this place) life				
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS				
3. NAME OF DECEASED (Type or Print)	(First) Barbara	(Middle) Alice	(Last) Baer	4. DATE OF DEATH	(Month) 1/15/	(Day) 19	(Year) 51
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 11/23/1855	9. AGE last birthday 95	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Middletown, Md	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Thomas Wiles			14. MOTHER'S MAIDEN NAME Barbara Shipnet				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Elmer Baer, Middletown, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<p>450.0 Immediate cause (a) <i>General Arteriosclerosis -</i></p> <p>97 Antecedent cause(s) (b)</p> <p>97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1938, to Jan 15, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 7:45 A.M. from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED 1-15-51	
23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE THEREOF 1/18/1951		NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery		LOCATION (City, town, or county) Middletown, Md. (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Marie Gladhill		24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH

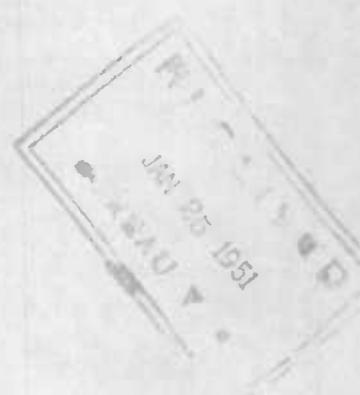
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0468

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Montevue Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Myersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Montevue - Rural</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Sarah F.</u>	(First) <u>Sarah</u>	(Middle) <u>F.</u>	(Last) <u>Baker</u>
4. DATE OF DEATH <u>Jan. 22 1951</u>	(Month) <u>Jan.</u>	(Day) <u>22</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-6-1859</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE last birthday If under 1 year Months <u>91</u> yrs. <u>1</u>	11. BIRTHPLACE (State or foreign country) <u>Myersville, Md</u>
13. FATHER'S NAME <u>George Harschman</u>	14. MOTHER'S MAIDEN NAME <u>Annie Baker</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT AND ADDRESS <u>James Baker, Myersville, Md</u>	
18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>592x</u>	(a) <u>Chronic Nephritis</u>		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>131b</u>	(b) _____		
(c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1946</u> , to <u>Jan. 22, 1951</u> , that I last saw the deceased alive on <u>Jan. 22, 1951</u> , and that death occurred at <u>9:20 P.m.</u> , from the causes and on the date stated above. SIGNATURE <u>Bernard O. Hemans, M.D.</u> (Degree or title) <u>ADDRESS</u> <u>Frederick, Md.</u> DATE SIGNED <u>Jan. 24, 1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>1-25-1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Lutheran Cemetery</u>	LOCATION (City, town, or county) (State) <u>Middleton, Md</u>
DATE REC'D BY LOCAL REG. <u>24 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Herk.</u>	24. FUNERAL DIRECTOR <u>Gladhill C. Middleton</u>	ADDRESS <u>Middleton, Md.</u>



VS. A15
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0469

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Middletown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Albert		(Last) C. Beachley	
4. DATE OF DEATH 1/23/1951	(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 12/16/1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm owner	9. AGE last birthday 79
11. BIRTHPLACE (State or foreign country) Middletown, Md.		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME Henry Beachley		14. MOTHER'S MAIDEN NAME Ann Remsberg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mehrle Beachley, Middletown, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331. Immediate cause (a) Cerebral Hemorrhage 2 428- 83a. Antecedent cause(s) (b) Hypertension Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) Middletown
(CITY OR TOWN) Middle	(COUNTY) Middle	(STATE) Middle	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m.	HOW DID INJURY OCCUR? Not While At work	
22. I hereby certify that I attended the deceased from 1948 , 19, to Jan 23, 1951 , that I last saw the deceased alive on Jan 18, 1951 , and that death occurred at 6 45 P m., from the causes and on the date stated above. SIGNATURE (Degree or title) J E Harp Md ADDRESS Middle DATE SIGNED 1-24-51			
23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 1/26/1951	NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery	LOCATION (City, town, or county) (State) Middle, Md.
DATE REC'D BY LOCAL REG. Jan 26, 1951	REGISTRAR'S SIGNATURE Marie Gladhill	24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.	
ADDRESS 100105			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6470

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
LENGTH OF STAY (in this place) 10 years		STREET ADDRESS 544 East Church Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) E. T.	(Last) BEST
4. DATE OF DEATH	(Month) January	(Day) 16	(Year) 1951
5. SEX	6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 10, 1866
9. AGE last birthday 84 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman - Hydraulic Construction Co.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John T. Best	14. MOTHER'S MAIDEN NAME Margaret J. Dorsey	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 048-09-8687		17. INFORMANT AND ADDRESS Mr. James H. C. Best, Frederick, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

Immediate cause

(a)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

16 days

836

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) m.	INJURY OCCURRED While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 16, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 1:45 A.M. from the causes and on the date stated above.
 SIGNATURE H. Cline ADDRESS Frederick, Md. DATE SIGNED Aug 16, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 19, 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0471

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick-Rural RD#5 (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS Near Frederick, (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) FLORENCE	(Middle) WILHEMINA	(Last) BOLEYN
4. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	4. DATE OF DEATH 1 27 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE last birthday 9 June 1907 43 yrs. If under 1 year Months Days Hours Min.
13. FATHER'S NAME Harry Icenroad		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT AND ADDRESS Lester E. Boleyn, Montevue, R.D. #5, Frederick, Md.			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 109		(a) Pneumonia, prob. virus 3 days	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 109		(b) (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from..... Never N.D., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... 9:35 P.m., from the causes and on the date stated above. SIGNATURE M. D. Frederick, Maryland DATE SIGNED 29 Jan 1951			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 31 Jan 1951 NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REG. 30 Jan 1951		REG. 24. FUNERAL DIRECTOR ADDRESS Elizabeth G. Heck M. R. Etchison & Son, Frederick, Maryland	
N.B. P.P. Under care of, B.D. Thomas, M.D. who is now out of town. I was informed of this case by Dr. G. T. Dr. in regards to death.			



RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 10.

1472

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MARCH PRESERVED FOR BINDING

E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		
LENGTH OF STAY (in this place) 30 years		STREET ADDRESS (If rural, give location) 9 East South Street		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				
3. NAME OF DECEASED (Type or Print)	(First) WADE	(Middle) ELTON	(Last) BROWN	
4. DATE OF DEATH	(Month) January	(Day) 26	(Year) 19 5	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 13, 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber - <i>local lumber supply</i>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 63 yrs.	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John W. Brown	14. MOTHER'S MAIDEN NAME Florence Amos			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. If year, give war or dates of service) 214-10-5842	17. INFORMANT AND ADDRESS Mrs. Wade E. Brown, Frederick, Maryland		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MED

4200 Immediate cause

**18. MEDICAL CERTIFICATION
CTLY LEADING TO DEATH**

INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease

Years

II. OTHER SIGNIFICANT CONDITIONS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

12a. DATE OF OPERATION | 12b. MAJOR FINDINGS OF OPERATION

120 AUTOPSY?

Y... □ ... N

21. ACCIDENT SUICIDE HOMICIDE		(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY		(Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 24 Jan., 1951, to 26 Jan., 1951, that I last saw the deceased

alive on 25 July 1951, and that death occurred at 6:40 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title) **ADDRESS**

DATE SIGNED

RECEIVED

JUN 29 1951

• MAIL 7, 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1473

1. PLACE OF DEATH. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Frederick					
<small>OR TOWN</small> Walkersville		<small>LENGTH OF STAY (in this place)</small> 2 Months		<small>OR TOWN</small> Walkersville		<small>STREET ADDRESS</small> Maple Avenue					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Maple Avenue									
3. NAME OF DECEASED (Type or Print)		(First) ANNIE	(Middle) CLORA	(Last) BURDETTE	4. DATE OF DEATH	(Month) 1	(Day) 14	(Year) 1951			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months	1 year Days	If under 24 hrs. Hours	Mln.			
Female	White	Widowed	1 Dec 1869	81	yr.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Hanson T. Jackson			14. MOTHER'S MAIDEN NAME Josephine McDonald								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs. William Green, Walkersville, Md.							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATHImmediate cause (a) *Influenza*

3 days

Antecedent cause(s)

10 years

131 Diseases or conditions, if any, (b) giving rise to the above cause
stating the underlying cause last*Chronic glomerular nephritis*

II. OTHER SIGNIFICANT CONDITIONS

2 years

Conditions contributing to the death but not
related to the disease or condition causing death.*Anemia, hypochromic type*

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

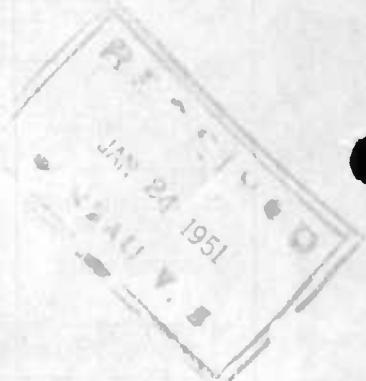
Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at m. Work	HOW DID INJURY OCCUR? Not While At work	

22. I hereby certify that I attended the deceased from *1 Oct*, 1950, to *14 Dec*, 1951, that I last saw the deceased
alive on *14 Jan*, 1951, and that death occurred at *3 P* m., from the causes and on the date stated above.
SIGNATURE *James E. Stover Jr.* (Degree or title) ADDRESS DATE SIGNED *15 Jan 1951*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Burial 17 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland
DATE REC'D BY LOCAL 17 Jan 1951	REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0475

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Buckeystown		LENGTH OF STAY (in this place) About 25 yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) WILLIAM		(Last) BURRISS	
4. SEX Male	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	7. DATE OF BIRTH August 8, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Tenant	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Burriess		14. MOTHER'S MAIDEN NAME Katie Becroft	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 219-20-1573	
17. INFORMANT AND ADDRESS Mrs. William H. Burriess, Buckeystown, Md.		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cerebral Hemorrhage*

5 days

442X

Antecedent cause(s)

(b) *Ch Cardio Renal vascular disease*

3 yrs

1310

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work	HOW DID INJURY OCCUR? Not While At work		

22. I hereby certify that I attended the deceased from 2-1-51, 1951, to 1-3, 1951, that I last saw the deceased

alive on 1-3, 1951, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. G. B. Baumer Jr. M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE January 6, 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.	REG.
5 Jan 1951	Elizabeth S. Heck	Eliz. S. Heck	C. E. Cline & Son, Frederick, Maryland	Eliz. S. Heck
REG.	REG.	REG.	REG.	REG.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Emmitsburg, 84 yrs LENGTH OF STAY (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md. STREET ADDRESS (If rural give location) Emmitsburg, Md. R.D. 1		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Emmitsburg, Md. R.D. 1		Emmitsburg, Md. R.D. 1	
3. NAME OF DECEASED (Type or Print)	'First) Nettie	(Middle) Bell	(Last) Bushman	4. DATE OF DEATH	(Month) January (Day) 31, (Year) 1951
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Sept. 11, 1866	9. AGE last birthday 84 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Frederick Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Barney Koontz		14. MOTHER'S MAIDEN NAME Mary Wolford		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Chas R. D. Bushman		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443x Immediate cause (a) Myocardial degeneration - cardiac decompensation 3 mo Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause (h) Hypertension, cardio vascular disease, several years stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION arreicular fibrillation - several years	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? 1930, to Jan 31, 1951			
22. I hereby certify that I attended the deceased from..... 1930, to Jan 31, 1951, that I last saw the deceased alive on..... Jan 30, 1957, and that death occurred at 8 a.m., from the causes and on the date stated above. SIGNATURE W.R. Ladd ADDRESS 2-2-57 DATE SIGNED Feb. 3, 1951 Mt. View cemetery Emmitsburg, Frederick Co.					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 3, 1951	NAME OF CEMETERY OR CREMATORIUM Mt. View cemetery	LOCATION (City, town, or county) Emmitsburg, Frederick Co.	(State) MD	
DATE REC'D BY LOCAL REC'D Feb. 2, 1951	REG.	REG.	24. FUNERAL DIRECTOR A. L. Allison	ADDRESS Emmitsburg, Md.	
REG.		REG.	REG.	REG.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8477

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN State Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS to 175/51		STREET ADDRESS 703 Montgomery Ave.	
3. NAME OF DECEASED (Type or Print) Mary	(First) Louise	(Middle)	(Last) Carroll
4. DATE OF DEATH Jan. 5, 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feb. 16, 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Graduate Nurse	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Simon K. Carroll	14. MOTHER'S MAIDEN NAME Mary M. Pendergast	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 215-20-5914		17. INFORMANT Patient	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Pulmonary Tuberculosis	
Immediate cause 002X	(a) _____	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.	
Antecedent cause(s) 136	19. MAJOR FINDINGS OF OPERATION		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 18, 1948**, to **Jan. 5, 1951**, that I last saw the deceased alive on **Jan. 5, 1951**, and that death occurred at **6:25 P.m.**, from the causes and on the date stated above.

SIGNATURE *J. H. Ryan, M.D.* (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **1/6/51**

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Jan. 8, 1951	NAME OF CEMETERY OR CREMATORIAL St. Patrick Cem.	LOCATION (City, town, or county) Cumberland, Md.
DATE REC'D BY LOCAL REG. 1/6/51	REGISTRAR'S SIGNATURE <i>J. H. Ryan</i>	24. FUNERAL DIRECTOR Scappelli Funeral Home	ADDRESS Cumberland, Md.
		058 868	



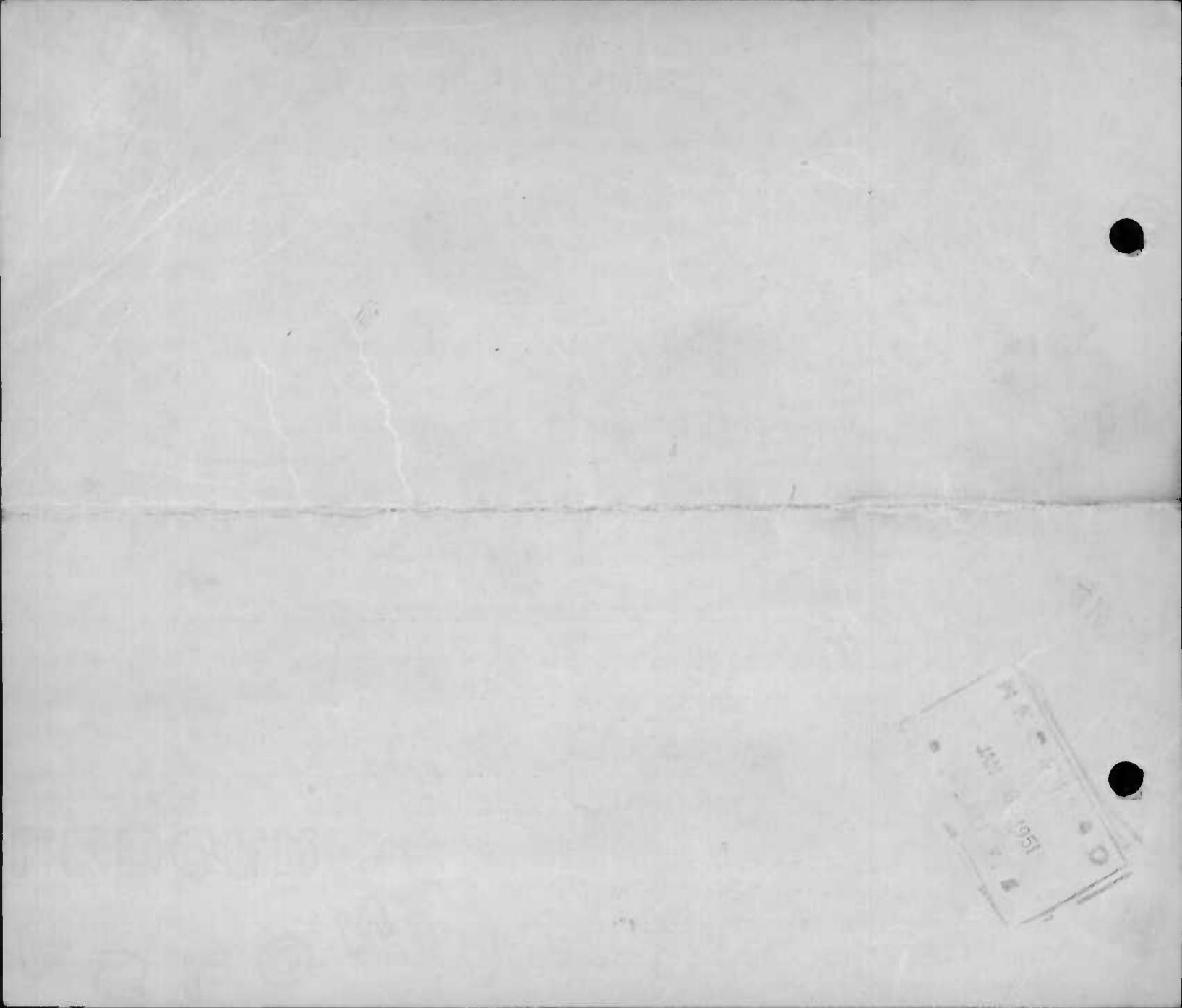
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

0478

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Frederick		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Frederick		3 mo.	
Frederick Memorial		Doodoboro	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
STEINER		Jan. 3, 1951	
(First)		(Month) (Day) (Year)	
(Middle)		If under 1 year Months Days Hours Min.	
(Last)		If under 24 hrs Hours	
5. SEX		6. COLOR OR RACE	
Male		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Married		Nov. 19, 1900	
9. AGE last birthday		10. BIRTHPLACE (State or foreign country)	
50 yrs.		Maryland	
11. CITIZEN OF WHAT COUNTRY?		12. COUNTRY?	
U.S.A.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Newton F. Cramer		Elsie Stull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		214-28-5404	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Mrs Anna Cramer, Doodoboro, Md		Fracture 7 neck Jumped from 2nd floor window of Fred. Men. Hous. myocardial disease. Delirious	
19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)		10 min	
978X Antecedent cause(s) Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		Fracture 7 neck Jumped from 2nd floor window of Fred. Men. Hous. myocardial disease. Delirious	
164e		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY 1-3-51 8:15 A.M.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? Jumped from window	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		SIGNATURE (Degree or title) ADDRESS DATE SIGNED	
P. W. Barr - Deputy Med Ex. Frederick		1-3-51	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		Jan. 6, 1951 Mt. Hope Cemetery Doodoboro Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
5 Jan 1951		Elizabeth G. Heck.	
24. FUNERAL DIRECTOR		ADDRESS	
M. S. Seager's Son, Thurmont, Md.			



MARYLAND STATE DEPARTMENT OF HEALTH

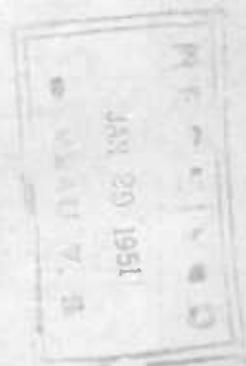
2411 N. Charles Street, Baltimore

0479

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick		
CITY, (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#5		LENGTH OF STAY (in this place) 1 Day		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS Near Rocky Springs (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) RAYMOND	(Middle) FOSTER	(Last) CREBBS	
4. DATE OF DEATH	(Month) 1	(Day) 24	(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 9 March 1900	
9. AGE last birthday 50 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	11. KIND OF BUSINESS OR INDUSTRY Self Employed	12. BIRTHPLACE (State or foreign country) Maryland COUNTRY USA	
13. FATHER'S NAME David V. Crebbs	14. MOTHER'S MAIDEN NAME Minnie Early	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS R. F. D. #3, Mrs. Ethel Crebbs, Frederick, Md.
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
<p>Immediate cause (a) <u>Rheumatic Cardio-vascular disease</u> INTERVAL BETWEEN ONSET AND DEATH 20 years</p> <p>410X Antecedent cause(s) (b) <u>with mitral & aortic stenosis</u></p> <p>Diseases or conditions, if any, giving rise to the above cause 92 br stating the underlying cause last (c)</p>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 1</u> , 1950, to <u>Jan. 24</u> , 1951, that I last saw the deceased alive on <u>Jan. 24</u> , 1951, and that death occurred at <u>8:10 P</u> m., from the causes and on the date stated above.				
SIGNATURE <i>Bernard O. Himes</i>	(Degree or title) M. D.	ADDRESS Frederick, Maryland	DATE SIGNED 25 Jan 1951	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 27 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Pleasant Hill Cemetery	LOCATION (City, town, or county) Near Yellow Springs, Md.	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Elizabeth H. Hecks</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

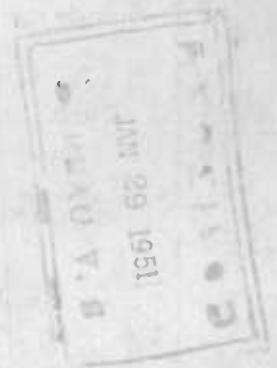
0481

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME OF DECEASED) STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First)		(Month)	
(Middle)		(Day)	
(Last)		(Year)	
5. SEX		6. COLOR OR RACE	
Male		White	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Henry W. Cripe		Margaret Stemmel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. BIRTHPLACE (State or foreign country)			
18. MEDICAL CERTIFICATION			
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cerebral Hemorrhage			
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/4/51, 1951, to 1/12/51, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
Bernard J. Horos, M.D.		Frederick, Md. Jan. 12, 1951	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
Burial		Jan 15, 1951	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
15 Jan 1951		Elizabeth S. Heck	
24. FUNERAL DIRECTOR		ADDRESS	
G. C. Barton Walkerswice		100105	





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

6482

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Hamilton Avenue		STREET ADDRESS 1 Hamilton Avenue (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) HATTIE	(Middle) VIRGINIA	(Last) DANSBERGER
4. DATE OF DEATH	1	28	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH
Female	White	26 Dec 1868	9. AGE last birthday
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Dansberger		14. MOTHER'S MAIDEN NAME Mary E. Himes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Millard M. Dansberger, Frederick, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 Immediate cause (a) <i>Chronic Urocarbity</i>		INTERVAL BETWEEN ONSET AND DEATH Years	
93d Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last			
I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on <i>July 27 1951</i> , and that death occurred at <i>7 A m.</i> from the causes and on the date stated above. SIGNATURE <i>A. H. Klesher</i>		DATE SIGNED 29 Jan 1951	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 30 Jan 1951	
		NAME OF CEMETERY OR CREMATORIAL Lutheran Cemetery	
		LOCATION (City, town, or county) (State) Jefferson, Maryland	
DATE REC'D BY LOCAL REG. No. <i>28 Jan 1951</i>		REGISTRAR'S SIGNATURE <i>Elizabeth G. Tech</i>	
		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	
		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0483

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Frederick MARYLAND		Maryland Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN New Midway		TOWN New Midway	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
Ruie Areida Dell		Jan 26 1957	
5. SEX Female white		6. DATE OF BIRTH Married Jan 27, 1877	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. AGE last birthday 73 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) New Mexico	
10b. KIND OF BUSINESS OR INDUSTRY Own home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Barney Edgar		14. MOTHER'S MAIDEN NAME Phoebe (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 411-20-0363 A	
17. INFORMANT		18. MEDICAL CERTIFICATION New Midway, Md.	
INTERVAL BETWEEN ONSET AND DEATH			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443x		(a) acute myocardial failure	
Antecedent cause(s) 93d		Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
		(c) Hypertensive Cardiovascular Disease Pneumonia, acute	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

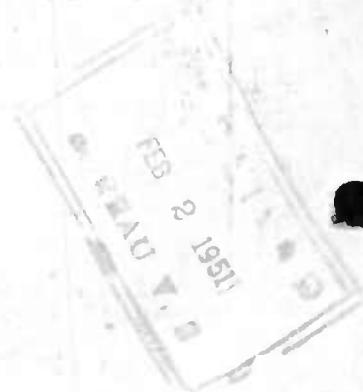
22. I hereby certify that I attended the deceased from 20 Mar., 1950, to 26 Jan., 1951, that I last saw the deceased
alive on 26 Jan., 1951, and that death occurred at m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF Jan 27, 1951		NAME OF CEMETERY OR CREMATORIAL Matthews Cemetery		LOCATION (City, town, or county) Baltimore, Md.	
DATE REC'D. BY LOCAL REC.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR L. Russell Powell & Hartley		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0484

Reg. Dist. No. 131

1. PLACE OF DEATH: CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND Length of Stay (in this place) 30 yrs.		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY TOWN STREET ADDRESS		COUNTY Maryland Frederick 517 Clineshart Alley (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH		(Month)	(Day)	(Year)		
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday			
Male		Colored		Married		Aug. 30, 1991		59	1 yr. Months Days Hours Mid.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
Contractor's Laborer		*****		Frederick County							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			
Clearence Fields		Henritta Proctor		Yes		War I		218-24-1250		Edith Fields 517 Clineshart Alley	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street,
CAUSE OF DEATH. office bldg., etc.) Home (CITY OR TOWN) Frederick, Maryland (COUNTY) Frederick (STATE) Md.

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
1. 22. 51 12 30 While at Not while
P.M. work at work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Burial Jan. 25, 1951 Fairview Frederick, Maryland

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
1-23-51 Eli G. Heck Charles E. Hicks III Fred, Md.

970246

MARYLAND STATE DEPARTMENT OF HEALTH

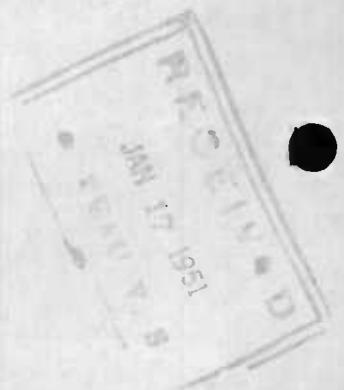
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

0485

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD	
CITY (If outside corporate limits, write RURAL and OR, give nearest town) TOWN Rural Myersville		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville	
MARYLAND LENGTH OF STAY life		COUNTY Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Jacob	(Middle) E.	(Last) Flook
4. DATE OF DEATH 1/14/1951	(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH 9/21/1870
9. AGE last birthday 80	10. BIRTHPLACE (State or foreign country) Myersville, Md.	11. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, ret.	10b. KIND OF BUSINESS OR INDUSTRY Farm owner	12. INFORMANT AND ADDRESS Mrs. Vergie Flook, Myersville, Md.	
13. FATHER'S NAME Lewis E. Flook	14. MOTHER'S MAIDEN NAME Margaret Warrenfeltz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. MEDICAL CERTIFICATION Chronic valvular heart disease	
		INTERVAL BETWEEN ONSET AND DEATH 4 yrs +	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
447X Immediate cause	(a) Antecedent cause(s)	Hypertension	
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio-Sclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY	(CITY OR TOWN) (CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? 1940, to Jan 14, 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from....., 1940, to Jan 14, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 6:30A.m., from the causes and on the date stated above. SIGNATURE <i>J. E. Harp MD Middletown</i> ADDRESS 1-15-51			
23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 1/16/1951	NAME OF CEMETERY OR CREMATORIAL U. B. Cemetery	LOCATION (City, town, or county) Myersville, Md.
DATE REC'D BY LOCAL REG. Jan 15, 1951	REGISTRAR'S SIGNATURE <i>Edgar Ball</i>	24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.	ADDRESS 100105



0486

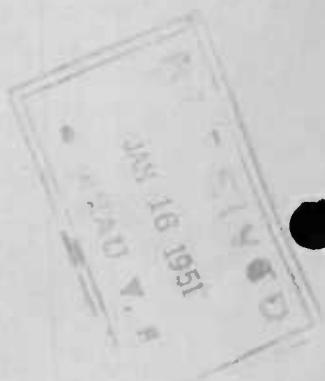
MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy-Rural RD#2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			STREET ADDRESS Near Unionville			
3. NAME OF DECEASED (Type or Print)		(First) JOHN	(Middle) WILLIAM	(Last) FOUT	4. DATE OF DEATH 1 14 51 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9 June 1869	9. AGE last birthday 81 yrs.	If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Virginia		
13. FATHER'S NAME Robert Fout			14. MOTHER'S MAIDEN NAME Sarah Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) No			16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Merton E. Forney, Mount Airy, Md.		
18. MEDICAL CERTIFICATION						
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) <u>coronary occlusion</u> 1 hr 94a Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____						
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF Death 1/14/51 1:25 P.M.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <u>Robert Fout</u> (Degree or title) ADDRESS DATE SIGNED Deputy Medical Examiner, Frederick, Maryland 15 Jan 1951						
23. BURIAL, CREMATION Buriat (Specify)	DATE THEREOF 17 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Mount Hope Cemetery	LOCATION (City, town, or country) Woodsboro, Maryland (State)			
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS 100105				

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... 139.....

0487
139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN State Sanatorium		11 days		TOWN Mountaintdale		TOWN Mountaintdale		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp		STREET ADDRESS		STREET ADDRESS		(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) E.	(Last) Fox	4. DATE OF DEATH	(Month) Jan.	(Day) 19	(Year) 19 5	
5. SEX	6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.	8. DATE OF BIRTH 3/21/1888	9. AGE last birthday 62 yrs.	If under Months, 9	1 year Days, 29	If under 24 hrs Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rocky Springs, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Charles Lee Fox		14. MOTHER'S MAIDEN NAME Frances Whipp						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War 217200678	17. INFORMANT Deceased					
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Pulmonary tuberculosis						
002x Immediate cause 13b Antecedent cause(s)		About 6 mos.						
Diseases or conditions, if any, giving rise to the above cause stating the <u>underlying cause</u> last								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan. 8, 1951, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 7:25 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED J. B. Cullen, M.D. State Sanatorium, Md. 1/20/51								
23. BURIAL, CREMATION REMOVAL (Specify)	DATE 1/23/51	NAME OF CEMETERY OR CREMATORIAL Blue Ridge Cemetery		LOCATION (City, town, or county) Harrisonburg		(State) Va.		
DATE REC'D BY LOCAL REG. 1/20/51	REGISTRAR'S SIGNATURE J. B. Cullen	24. FUNERAL DIRECTOR Mr. C. C. Clegg		ADDRESS Harrisonburg				

1951
MAY 23
1951

MARYLAND STATE DEPARTMENT OF HEALTH

0488

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Fredd. Mem. Hospital		STREET ADDRESS		173 West Patrick			
3. NAME OF DECEASED (Type or Print)		(First) Nancy	(Middle) L. J. Frith	4. DATE OF DEATH		(Month) Jan.	(Day) 6	(Year) 1951	
5. SEX	Female	6. COLOR OR RACE	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	9. AGE last birthday	10. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		Housework		10b. KIND OF BUSINESS OR INDUSTRY		March 8 - 1914	38 yrs.	Clark Co. Va	W. S. A.
13. FATHER'S NAME		Barney Bentz		14. MOTHER'S MAIDEN NAME		margout Burge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a)	Coriobrosis of Liver
Antecedent cause(s)		unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	chronic alcoholism
	(c)	10-15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR?	(STATE)
OF INJURY	m.	Not While At work		

22. I hereby certify that I attended the deceased from Dec. 31, 1950, to Jan. 6, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED

23. BURIAL, Cremation REMOVAL (Specify)	DATE	NAME OF CEMETERY OR Crematory	LOCATION (City, town, or county)
Burial	Jan. 9, 1951	Rocky Springs Cem	near Frederick, Md
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6 Jan 1951	Elizabeth G. Heck	Mr. Creager, Son, Thurmont	Md





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

131

1. PLACE OF DEATH- COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		LENGTH OF STAY (in this place) Years	STREET ADDRESS (If rural, give location) 350 East Third Street
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			
3. NAME OF DECEASED (Type or Print)	(First) STEWART	(Middle) ARTHUR	(Last) GEISBERT, SR.
4. DATE OF DEATH	(Month) . 1	(Day) 2	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 15 Dec 1890
9. AGE last birthday 60 yrs.	10. KIND OF BUSINESS OR INDUSTRY Agency for Baltimore Sun Papers	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Hamilton R. Geisbert	14. MOTHER'S MAIDEN NAME Martha Ramsburg	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. ?	17. INFORMANT AND ADDRESS Mrs. Carrie Geisbert, Frederick, Md.	350 E. 3rd St.,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Cardiac Dilatation	1 week
Antecedent cause(s)		acute pancreatitis (hemorrhagic)	2 days
541.0		Ch. Duodenal Ulcer	6 years
1176	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death			

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21. ACCIDENT (Specify)				PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(STATE)
SUICIDE				INJURY				
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from May, 1950, to Jan 2, 1951, that I last saw the deceased

alive on Jan 2, 1951, and that death occurred at 3:15 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) **ADDRESS** **DATE SIC**

SIGNATURE

M. D.

Frederick, Maryland

11 Jan 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	5 Jan 1951	Mount Olivet Cemetery	Frederick, Maryland	
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.	REG.
4 Jan 1951		Elizabeth G. Hecks	M. R. Etchison & Son, Frederick, Md.	

15

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0491

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Frederick		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
TOWN		Frederick, Maryland 8 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Frederick Memorial Hospital	
3. NAME OF DECEASED (First) (Type or Print)		(Middle)	
Lillian		R.	
4. DATE OF DEATH		(Month) (Day) (Year)	
Mosnell		January 10 1951	
5. SEX		6. COLOR OR RACE	
Female		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Married		8-5-1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Housewife		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Mr. Oscar F. Virts		United States	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION		19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause		(a) Pulmonary Embolism	
585 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) Choleliths	
127a		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
January 4, 1951		Choleliths - Enlarged Gall Bladder	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
(Specify)		(CITY OR TOWN)	
(CITY OR TOWN)		(COUNTY)	
(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-10, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 12:55 A.m., from the causes and on the date stated above. SIGNATURE <i>EP Thomas</i> ADDRESS <i>Frederick, Md</i> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
1-12-51		NAME OF CEMETERY OR CREMATORIAL Reformed	
LOCATION (City, town, or county) (State)		Annapolis Md	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
Jan 1951		Elizabeth S. Hecks.	
24. FUNERAL DIRECTOR		ADDRESS	
C. H. Ester & Son		Baltimore Md	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6492

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Frederick</u>		LENGTH OF STAY (in this place) <u>104 days</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		3. NAME OF DECEASED (Type or Print) <u>Mrs Carrie J. Green</u>	
4. SEX <u>Female</u>		(First) <u>Middle</u> (Last) <u>Green</u>	
5. COLOR OR RACE <u>White</u>		6. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) <u>Married</u>	
7. DATE OF BIRTH <u>12/11/1890</u>		8. AGE last birthday If under 1 year <u>60</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Peter Cashman</u>		14. MOTHER'S M AIDEN NAME <u>Sara Myers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Carrie J. Green, New Windsor, Md.</u>		18. MEDICAL CERTIFICATION <u>Cerebral Hemorrhage</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cerebral Hemorrhage</u>			
Antecedent cause(s) (b) <u>Arteriosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
21. ACCIDENT SUICIDE <u>suicide</u> HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) <u>Dec</u> (Day) <u>17</u> (Year) <u>1951</u> (Hour) <u>15</u> OF INJURY <u>None</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 2, 1950</u> , to <u>Jan 14, 1951</u> , that I last saw the deceased alive on <u>Jan 14, 1951</u> , and that death occurred at <u>151</u> m., from the causes and on the date stated above. SIGNATURE <u>J. A. Pearce M.D.</u> ADDRESS <u>Frederick Md.</u> DATE SIGNED <u>1/14/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1/17/51</u>	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Deep Creek Cem. Mountain Road</u>		(State)	
DATE REC'D BY LOCAL REG. <u>Jan 17-1951</u>		REG. <u>Elizabeth G. Heck</u>	
REG. <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>W. W. Hartley & Sons</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0493

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			STREET ADDRESS (If rural, give location) 5306 Hamilton Street		
3. NAME OF DECEASED (Type or Print) LUCIE		(First) (Middle) VIRGINIA	(Last) GRIFFIN	4. DATE OF DEATH January 18	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED*, DIVORCED, (Specify) Married	8. DATE OF BIRTH February 15, 1895	9. AGE last birthday 55 yrs.	If under Months. 1 year Days Hours 24 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William B. Thompson		14. MOTHER'S MAIDEN NAME Georgianna Phillips			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mr. C. Wesley Griffin, Hyattsville, Maryland		

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1	(a) Acute Myocardial Decomposition	INTERVAL BETWEEN ONSET AND DEATH 3 mi
Antecedent cause(s) 93d	(b) Chronic myocarditis & hypertrophy	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c) Coronary insufficiency	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1957, to 1/18, 1951, that I last saw the deceased

alive on 1/17, 1957, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 20, 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0494

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY OR TOWN STREET ADDRESS		COUNTY Frederick	
Frederick		Length of Stay (in this place) Lifetime		Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
Frederick Memorial Hospital						(If rural, give location) 231 North Market Street	
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) A.	(Last) HAHN	4. DATE OF DEATH	(Month) January	(Day) 15	(Year) 1951
5. SEX	6. COLOR OR RACE Female	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1865	9. AGE last birthday 85 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Hobbs	14. MOTHER'S MAIDEN NAME Margaret Metzger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Miss Margaret Hahn, Frederick, Maryland		
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.0 93d	Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) <i>Stokes Adams Syndrome</i> (b) <i>Complete Heart Block</i> (c) <i>Arterio-Sclerotic heart dis.</i>	36 hrs. 5-6 yrs(?) (?)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) Hour m.	INJURY OCCURRED While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>13 Jan</u> , 1951, to <u>15 Jan</u> , 1951, that I last saw the deceased alive on <u>14 Jan</u> , 1951, and that death occurred at <u>11:40 A.</u> m., from the causes and on the date stated above. SIGNATURE <i>Charles T. Conley, Jr. M.D.</i> ADDRESS <i>Frederick, Md</i> DATE SIGNED <u>1/15/51</u> (Degree or title)							
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 18, 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland				
DATE REC'D BY LOCAL REG.	16 Jan 1951	REGISTRAR'S SIGNATURE <i>Elizabeth L. Heck</i>	24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland				



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PC 0495

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN From 4/14/50		LENGTH OF STAY (In this place) to 1/3/51		STREET ADDRESS 4114 Eierman Ave.		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium							
3. NAME OF DECEASED (Type or Print)	(First) Paul	(Middle) E.	(Last) Hamilton	4. DATE OF DEATH	(Month) Jan.	(Day) 3,	(Year) 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday	If under Months. 52	1 year Days 0	11/ under 24 hrs. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Merchant		Indiana	U.S.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Frederick A. Hamilton	Catherine Reidling						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT					
Yes	Int. stud-	Name	Patient				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Pulmonary tuberculosis							
Antecedent cause(s)							
13. Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY?							
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(CITY OR TOWN)		(COUNTY)
(Specify)							(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 14 1950 , to Jan. 3, 1951 , that I last saw the deceased alive on Jan. 3, 1951 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above.							
SIGNATURE J. W. Lynn, M.D.				ADDRESS State Sanatorium, Md.			
				DATE SIGNED 1/3/51			
23. BURIAL, CREMATION REMOVAL	(Specify)	DATE 1-5-51	NAME OF CEMETERY OR CREMATORIAL Baltimore Cem.	LOCATION (City, town, or county) Baltimore Md.			(State)
DATE REC'D BY LOCAL REG.	REG. 1/3/51			REG. J. W. Lynn	24. FUNERAL DIRECTOR M. L. Creager & Son - Thurman & Md.	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0496

CERTIFICATE OF DEATH

Reg. Dist. No. 131

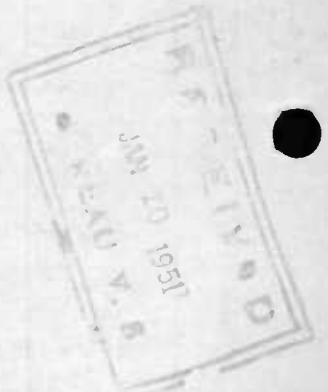
1. PLACE OF DEATH. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		STREET ADDRESS 278 West Fifth Street (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital							
3. NAME OF DECEASED (Type or Print)	(First) MARCIE	(Middle) E.	(Last) HANKEY	4. DATE OF DEATH	(Month) 1	(Day) 6	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 9 Feb 1874	9. AGE last birthday 76 yrs.	If under Months	1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William Hull		14. MOTHER'S MAIDEN NAME Catherine Barrick					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS I. L. Hankey, Jr.,	278 W. 5th St., Frederick, Md.			

18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause		(a) <i>Chronic Cardio-Renal Disease</i> several years					
442X Antecedent cause(s)							
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) _____					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	INJURY	(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work	Not While At work	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19....., to 1-6-1951, that I last saw the deceased alive on 1-5-1951, and that death occurred at 3:30 A.m., from the causes and on the date stated above.			
SIGNATURE <i>Howard W. Ash</i>		(Degree or title) M. D.	ADDRESS Frederick, Maryland
DATE SIGNED 6 Jan 1951			

23. BURIAL, Cremation Burial (Specify)	DATE 8 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Mount Hope Cemetery	LOCATION (City, town, or county) Woodsboro, Maryland
DATE REC'D BY LOCAL REG.		REG. <i>Elizabeth S. Heck</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY York	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HED-2, Thurmont		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York.	
LENGTH OF STAY (In this place)		STREET ADDRESS 137 Stevens Ave.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (Type or Print) ERNEST		(Last) STANLEY HARBAUGH	
(First) STANLEY		(Middle) HARBAUGH	
4. DATE OF DEATH JAN. 21		(Month) 1951	
5. SEX MALE		(Day) 1951	
6. COLOR OR RACE WHITE		(Year)	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH 4-27-1914	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hired out in Restaurant		9. AGE last birthday 36 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY Cook.		11. BIRTHPLACE (State or foreign country) Cascade Maryland	
13. FATHER'S NAME Norman Luke Harbaugh		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 198-05-1334	
17. INFORMANT Arthur Russell Harbaugh, York, Pa.		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 8255 Immediate cause (a) multiple Fractures of Skull INTERVAL BETWEEN 170C Antecedent cause(s) (b) Instant. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, cause of death. OF office bldg., etc.) INJURY U.S. Highway #15 (CITY OR TOWN) FRANKLINVILLE (COUNTY) FREDERICK (STATE) MD.			
TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 21 1951 4³⁰ P.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> (How did injury occur? Automobile Accident)	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE Charles H. Conley, Jr. M.D. and wife.		(Degree or title) Frederick, Md. DATE SIGNED 1/21/51.	
23. BURIAL, CREMATION REMOVAL (Specify) Jan. 21 1951		DATE THEREOF Jan. 21 1951 NAME OF CEMETERY OR CREMATORIAL Behrach Cemetery LOCATION (City, town, or county) York (State) Pa.	
DATE REC'D BY LOCAL REG. Jan. 22 1951		REGISTRAR'S SIGNATURE Blanche L. Egler 24. FUNERAL DIRECTOR ADDRESS M. & C. Clegg & Son, Thurmont - Md	

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MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

0498

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Pennsylvania	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN RFD-2 Thurmont		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN YORK	
LENGTH OF STAY (in this place)		STREET ADDRESS 137 Stevens Avenue	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural give location)	

3. NAME OF DECEASED (Type or Print) Randy Charles	(First)	(Middle)	(Last) HARBAUGH	4. DATE OF DEATH JAN. 21	(Month)	(Day)	(Year) 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 11-16-1949	9. AGE last birthday yrs. 1	If under 1 year Months 2	If under 24 hrs. Days 2	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ernest Stanley Harbaugh	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) YORK, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? PA.
-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------	---------------------------------------------------------------------	--------------------------------------------

13. FATHER'S NAME Ernest Stanley Harbaugh	14. MOTHER'S MAIDEN NAME Moude Louise Holloway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 160-00-0000	17. INFORMANT Arthur Russell Harbaugh, York, Pa.

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 82555 (a) FRACTURES CERVICAL SPINE + SKULL		
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last 170C		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office, bldg., etc.) INJURY 0.5 Highway #15	(CITY OR TOWN) FRANKLINVILLE (COUNTY) FREDERICK (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 21, 1951 4:30	INJURY OCCURRED While at Not white work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Automobile Accident

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE Charles H. Conley Jr. M.D. M.S. Exam.	(Degree or title) asst. Asst. Secy.	ADDRESS Frederick, Maryland	DATE SIGNED 1/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 26, 1951	NAME OF CEMETERY OR CREMATORIAL Bethel Cemetery	LOCATION (City, town, or county) YORK, PA.
DATE REC'D BY LOCAL REG. Jan. 22, 1951	REGISTRAR'S SIGNATURE Blanche J. Egler	24. FUNERAL DIRECTOR ADDRESS 71. S. Locusts Lane Thurmont, Md.	

Yard

Imperial Valley

Yard

133 Separate Branches

10-10-1951

Imperial Valley, Yard

Yard 1000 ft. above sea level
desert area

Imperial Valley

BLD-5 Pumping

1000 ft. B

Imperial Valley Pumping



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Pennsylvania COUNTY York			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS 137 Stevens Avenue	
TOWN 3FD-2, Thurmont		HOSPITAL OR INSTITUTION OR STREET ADDRESS		TOWN York		(If rural give location)	
3. NAME OF DECEASED (Type or Print) STANLEY		(First) E (Middle) Ray (Last) HARBAUGH		4. DATE OF DEATH JAN. 21		(Month) 1951 (Year)	
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH 1-12-1941	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday 10		11. BIRTHPLACE (State or foreign country) Berwick Pa.	
13. FATHER'S NAME Ernest Stanley Harbaugh		14. MOTHER'S MAIDEN NAME Maude Louise Holloway		12. CITIZEN OF WHAT COUNTRY? York, Pa.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO.		17. INFORMANT Arthur Russell Harbaugh, York, Pa.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
5255 MULTIPLE FRACTURES OF SKULL Instant.							
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 170C (a) 170C (b) 170C (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office, etc.) INJURY U.S. Highway #15		(CITY OR TOWN) FRANKLINVILLE (COUNTY) FREDERICK (STATE) Md.			
TIME (Month) (Day) (Year) (Hour) OF INJURY JAN 21-1951 4:30 P. m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> at work <input type="checkbox"/>		HOW DID INJURY OCCUR? Automobile Accident			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE Charles H. Corley Jr. M.D. M.S. Exam ADDRESS Frederick, Md. DATE SIGNED 1/21/51							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Jan. 26, 1951		NAME OF CEMETERY OR CREMATORIAL Burke's Cemetery		LOCATION (City, town, or county) Berwick, Lancaster, Pa. (State)	
DATE REC'D BY LOCAL REG. Jan. 22, 1951		REGISTRAR'S SIGNATURE Blanche S. Eyer		24. FUNERAL DIRECTOR		ADDRESS	

Ward

Montgomery

Rock

Montgomery County

401

1991-03-1

et, Newell

Montgomery County, Maryland
at Rock, Maryland

Montgomery

Montgomery, 5-978

✓ 9-1

Montgomery County, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1511145

1. PLACE OF DEATH COUNTY <i>Frederick</i> MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i> COUNTY <i>Frederick</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Myersville</i> LENGTH OF STAY (in this place) <i>12</i>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Myersville</i> STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <i>Roy Clayton Harp</i>			4. DATE OF DEATH <i>Jan 17 1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 23 1887</i>	9. AGE last birthday <i>64</i> yrs.	If under 1 year Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saw mill operator</i>			11. BIRTHPLACE (State or foreign country) <i>W. Myersville Frederick Md U.S.A</i>		
12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>			13. FATHER'S NAME <i>Charles W. Harp</i>		
14. MOTHER'S MAIDEN NAME <i>Malie M. Routzahn</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? <i>No</i> 16. SOCIAL SECURITY NO. <i>270-18-2293</i> 17. INFORMANT AND ADDRESS <i>Mrs Roy S. Harp, Myersville</i>		
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 391x Immediate cause (a) <i>Cerebral Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 mo.</i> 83a Antecedent cause(s) (b) <i>Hypertension</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	While at m.	Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Sept 19 1950</i> , to <i>Jan 17 1951</i> , that I last saw the deceased alive on <i>Jan 12 1951</i> , and that death occurred at <i>4:05 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>R. E. Harp, M.D. Middletons</i> DATE SIGNED <i>1-19-51</i> (Degree or title) ADDRESS					
23. BURIAL, CREMATION REMOVED (Specify)	DATE THEREOF <i>1-19-1951</i>	NAME OF CEMETERY OR CREMATORIAL UNITED BRETHREN	LOCATION (City, town, or county) (State) <i>Myersville Frederick Md</i>		
DATE REC'D BY LOCAL REG. <i>1-19-51</i>	REGISTRAR'S SIGNATURE <i>Elmer Bittel</i>	24. FUNERAL DIRECTOR ADDRESS <i>Paul F. Bittel Myersville Md</i>			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0501

1. PLACE OF DEATH COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick LENGTH OF STAY (in this place) Lifetime			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick STREET ADDRESS (If rural, give location) 16 Hamilton Avenue		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Hamilton Avenue			4. DATE OF DEATH Jan. 14 1951		
3. NAME OF DECEASED (Type or Print) Charles Edward Harshman			5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		
8. DATE OF BIRTH Sept. 11-1875 9. AGE last birthday 75 yrs.			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Truck Puller 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Lewis C. Harshman			14. MOTHER'S MAIDEN NAME Sarah Cramer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 214-10-2828 17. INFORMANT AND ADDRESS Mrs. Chas. E. Harshman- Frederick- Maryland			18. MEDICAL CERTIFICATION		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) *Acute Cardiac Dilatation with 2 days*
 97 Antecedent cause(s) (b) *pulmonary effusion*
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) *Adlers - Soderström*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
TIME (Month)	(Day)	(Year)	(Hour)	

22. I hereby certify that I attended the deceased from Jan. 11, 1951, to Jan. 14, 1951, that I last saw the deceased alive on Jan. 14, 1951, and that death occurred at 5 a.m. from the causes and on the date stated above.

SIGNATURE *John Harshman*(Degree or title) ADDRESS *16 Hamilton Avenue*DATE SIGNED *Jan. 15-51*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-17-1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick- Maryland	(State)
DATE REC'D BY LOCAL REG. 16 Jan 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C.E. Cline and Son- Frederick- Maryland		







PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0584

Evidence for change
in #9 shown on:

Form No. G 130 FEB

9 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY

Fredreick

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)LENGTH OF STAY
(in this place)

TOWN Rural Flint Hill

40 yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Adams Town R.F.D. I

3. NAME OF
DECEASED
(Type or Print)

Curtis

Eugene

Jones

(Last)

4. DATE
OF
DEATH

Jan. 26, 1951

19

5. SEX

6. COLOR OR RACE

Male

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify)

8. DATE OF BIRTH

Married

May 10, 1878

9. AGE last birthday

73 72 yrs.

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)If under 1 year
Months Days Hours Min.10a. LABORER
Brickyard10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hopeland

12. CITIZEN OF WHAT
COUNTRY?

Maryland

13. FATHER'S NAME

William R. Jones

14. MOTHER'S MAIDEN NAME

Kattie Howard

15. WAS DECRAVED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

220-09-8144

17. INFORMANT AND ADDRESS

Corrie L. Jones Adamstown R.F.D. I

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150x Immediate cause

(a) Carcinoma of the cerebrum

INTERVAL BETWEEN
ONSET AND DEATH

6 months

460- Antecedent cause(s)

460- Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,
SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

INJURY

22. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF While at Not While
INJURY m. Work At work HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1950, to 1/26, 1951, that I last saw the deceased

alive on 1/24, 1951, and that death occurred at 7:00 a.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James B. Thomas, M.D.

Frederick, Md.

1/27/51

23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

REMOVAL (Specify)

Burial

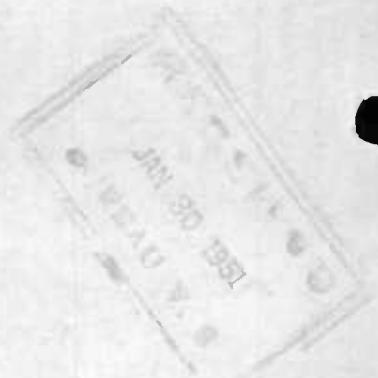
Jan. 29, 1951 Hopehill Hopehill Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

REC'D

29 Jan 1951

Elizabeth B. Heck Charles E. Hicks III Fredreick Md.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0505

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Rural, Mr. Lewisitown</u>		<u>6 yrs.</u>		TOWN <u>Rural, Mr. Lewisitown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) <u>LLOYD</u> (Middle) <u>IRVIN</u> (Last) <u>KAUFFMAN</u>		4. DATE OF DEATH		(Month) <u>Jan.</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced about 1896</u>		8. DATE OF BIRTH	
Male		white				<u>54</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Carpenter</u>		<u>Employed</u>		<u>Pennsylvania</u>		<u>U.S.A.</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
<u>John Kauffman</u>		<u>Suzinda Daugle</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
(If yes, give war or dates of service)		<u>233-05-4597</u>		<u>Mrs. Clyde Bentz - Before, md.</u>		<u>Gun Shot wound of head</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause		(a)				INTERVAL BETWEEN ONSET AND DEATH	
<u>Antecedent cause(s)</u> Disease or condition, if any, giving rise to the above cause stating the underlying cause last						<u>164e</u>	
976X							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>rookery</u>		(CITY OR TOWN) <u>Mountaineer Hotel, Frederick, Md.</u>		(COUNTY) (STATE) <u>Frederick, Md.</u>	
TIME (Month) (Day) (Year) OF INJURY <u>1. 8. 51</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u>Shot self with gun</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>							
SIGNATURE <u>Mr. Bentz, Deputized Ex. Frederick, Md.</u>		(Degree or title) <u>1. 8. 51</u>		ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>		DATE THEREOF <u>Jan. 10, 1951</u>		NAME OF CEMETERY OR CREMATORIAL <u>Methodist Cemetery</u>		LOCATION (City, town, or county) <u>Levistown, Fred. Co., Md.</u>	
DATE REC'D BY LOCAL REG. <u>9 Jan 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hock</u>		24. FUNERAL DIRECTOR		ADDRESS	
				<u>J. C. Barton, Walkersville, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

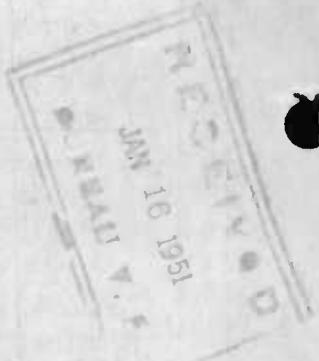
2411 N. Charles Street, Baltimore

0506

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
Frederick		Maryland	
CITY (If outside corporate limits, write RURAL and OR, give nearest town)		LENGTH OF STAY (in this place)	
Route		Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Frederick Memorial Hospital	
3. NAME OF DECEASED (First) (Type or Print)		(Last)	
Baily		T. County	
4. DATE OF DEATH		(Month) (Day) (Year)	
Male		Jan 13, 1951	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	
White		S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
none		none	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Clarence County		Frederick, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		—	
18. MEDICAL CERTIFICATION		12. CITIZEN OF WHAT COUNTRY	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		14. MOTHER'S MAIDEN NAME	
Immediate cause (a)		Grace Lochner	
756.1 Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		Exhaustion	
157g		atelectasis at lung	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Amperiorate aneur ' congenital	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
Dec 4, 1950		colostomy	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
m.		While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from		HOW DID INJURY OCCUR?	
alive on Jan 12, 1951, and that death occurred at one a.m., from the causes and on the date stated above.		ADDRESS DATE SIGNED	
SIGNATURE		F. Lawrence Faheny MD	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
13 Jan 1951		Elizabeth S. Hecke	
24. FUNERAL DIRECTOR		ADDRESS	
R. E. Baily		Frederick Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0507

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland						
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick						
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS 23 Rosemont Avenue (If rural, give location)						
3. NAME OF DECEASED (Type or Print)	(First) SUSAN	(Middle) JULIA	(Last) LAKIN					
4. DATE OF DEATH	1	27	1951					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1 Sept 1879	9. AGE last birthday 71	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland						
13. FATHER'S NAME William H. Lakin	14. MOTHER'S MAIDEN NAME Ellen Hemp	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. William A. Miller, Frederick, Md.	23 Rosemont Ave.,		
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
450.1 94a	Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 week			
	(b) Arteriosclerosis							
	(c) Hypertension							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)		(STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Jan 2d, 1951, to Jan 27, 1951, that I last saw the deceased alive on Jan 27, 1951, and that death occurred at 12:15 A.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED								
G. J. Pearce M. D. Frederick, Maryland 29 Jan 1951								
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 29 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery	LOCATION (City, town, or county) (State) Jefferson, Maryland					
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE Elizabeth B. Tech.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS					
29 Jan 1951								



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0500 137

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Frederick</i> MARYLAND		<i>Maryland</i> <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Union Bridge Rural</i>		TOWN <i>Union Bridge Rural</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>Johnsville</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>James</i>	(Middle) <i>H</i>	(Last) <i>Leaking</i>
4. DATE OF DEATH	(Month) <i>Jan</i>	(Day) <i>31</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<i>male</i>	<i>white</i>	<i>M</i>	<i>June 1 - 1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>County Coal Mine Labour</i>		<i>Leaking</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Daniel Leaking</i>		<i>Jessie Bohan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>no</i>		<i>none</i>	
17. INFORMANT AND ADDRESS			
<i>Aonda C Leaking, Johnsville, Md</i>			
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(a)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour)			
OF INJURY		While at Work		Not While At work	
m.		<input type="checkbox"/>		<input type="checkbox"/>	
HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from *Nov 7*, 1950, to *Jan 21*, 1951, that I last saw the deceased alive on *Jan 21*, 1951, and that death occurred at *4 P.M.* from the causes and on the date stated above.

SIGNATURE

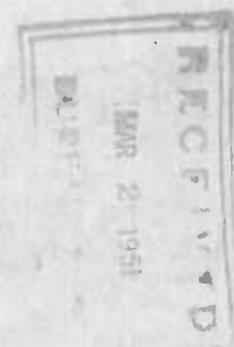
(Degree or title)

ADDRESS

DATE SIGNED *1-27-51*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
<i>Burial</i>	<i>Jan 24 - 51</i>	<i>Heath Cemetery</i>	<i>Ladueburg</i>	<i>md</i>
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.	REG.
24. FUNERAL DIRECTOR	ADDRESS			
<i>J. H. Rugg, et al</i>				

137 9702 Union Bridge + New Windsor



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

0500

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland			
CITY (If outside corporate limits, write RURAL and OR the nearest town) Rural Middletown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) John Henry Lutz		(First) (Middle) (Last)	4. DATE OF DEATH 1/8/ 1951		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 12/20/1858		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller, ret.		10b. KIND OF BUSINESS OR INDUSTRY Mill	9. AGE last birthday 92		
11. BIRTHPLACE (State or foreign country) Middletown, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Jacob Lutz		14. MOTHER'S MAIDEN NAME Sarah Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS J. Franklin Lutz, Middletown, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
334x Immediate cause (a) <i>Arteriosclerosis (Cerebral)</i>					
Antecedent cause(s) Diseases or conditions, if any, (b) — giving rise to the above cause stating the underlying cause last (c)					
97 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 4 , 1951, to Jan 8 , 1951, that I last saw the deceased alive on Jan 6 , 1951, and that death occurred at ... m. from the causes and on the date stated above. SIGNATURE <i>J. E. Harp MD</i> ADDRESS <i>Middletown</i> DATE SIGNED 1-9-51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1/10/ 1951	NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery	LOCATION (City, town, or county) Middletown, Md.	(State)
DATE REC'D BY LOCAL REG. Jan 10/51		REGISTRAR'S SIGNATURE <i>Marie Gladhill</i>	24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0510

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Middletown		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown		STREET ADDRESS Main Street (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street							
3. NAME OF DECEASED (Type or Print)	(First) THEODORE	(Middle) CALVIN	(Last) MACKLEY	4. DATE OF DEATH 1	(Month) 11	(Day) 14	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 25 May 1871	9. AGE last birthday 79 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ice Cream Maker - Ebert Ice Cream Co		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Mackley		14. MOTHER'S MAIDEN NAME Elizabeth Ann Hann					
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs. Roger P. Heck, Middletown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

400.2 Immediate cause	(a) <i>Angina pectoris</i>	INTERVAL BETWEEN ONSET AND DEATH 1 mo. +
946 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>Arter. sclerosis</i>	4 yrs. +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from alive on <i>Jan 13, 1951</i> , and that death occurred at <i>6:30 A</i> m., from the causes and on the date stated above. SIGNATURE	ADDRESS	DATE SIGNED 15 Jan 1951
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23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 16 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REC.	REG.	REGISTRAR'S SIGNATURE <i>Main Gladisice</i>	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland



CERTIFICATE OF DEATH

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

0512

1. PLACE OF DEATH COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Emmitsburg			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg		
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House			STREET ADDRESS Just, St. Joseph's Central House		
3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle)	(Last) Maroney	4. DATE OF DEATH	(Month) Jan. (Day) 21 (Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sr. of Charity	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
Female	White		11/15/94	56 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse in Hospitals of Sisters of Charity			11. BIRTHPLACE (State or foreign country) Naugatuck, Connecticut		
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Patrick Maroney			14. MOTHER'S MAIDEN NAME Mary Fitzpatrick		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Sister Rosa, Assistant	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>170X Immediate cause (a) <u>Carcinoma left breast</u> 2 years</p> <p>50 Antecedent cause(s) (b) <u>with metastasis to liver & lungs</u> 6 months</p> <p>50 Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1950</u> , to <u>Jan 26 1957</u> , that I last saw the deceased alive on <u>Jan 20 1957</u> , and that death occurred at <u>7:10 A.M.</u> from the causes and on the date stated above.					
SIGNATURE <u>W.R. Cade</u>		(Degree or title) <u>MD</u>		ADDRESS <u>Emmitsburg Md</u> DATE SIGNED <u>1-21-57</u>	
23. BURIAL OR Cremation REMOVAL (Specify) Burial		DATE THEREOF Jan. 23, 1951		NAME OF CEMETERY OR CREMATORIAL (Private)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>M. F. Shaff</u>		LOCATION (City, town, or county) Emmitsburg, Md.	
24. FUNERAL DIRECTOR ADDRESS <u>S. L. Allison</u>					



MARYLAND STATE DEPARTMENT OF HEALTH

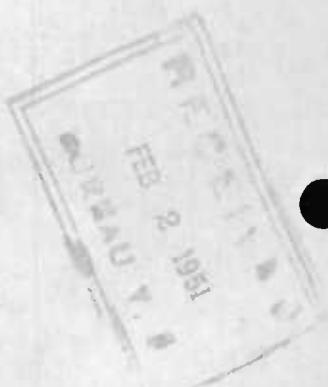
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0513

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Burkittsville</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Emergency Hospital</i>		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED (Type or Print) <i>Josephine Lester</i>		4. DATE OF DEATH <i>March 31 1951</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Jan 31 1901</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9. AGE last birthday <i>6 yrs.</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>		11. BIRTHPLACE (State or foreign country) <i>Frederick Co. Md.</i>	
13. FATHER'S NAME <i>Albert Moore</i>		12. CITIZEN OF WHAT COUNTRY? <i>Estelle Morris</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT AND ADDRESS <i>Estelle Morris - Mother</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>Premature</i>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>159</i>			
(a) _____ (b) _____ (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR? m. <input type="checkbox"/> At work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>31 Jan 1951</i> to <i>31 Mar 1951</i> , 1951, that I last saw the deceased alive on <i>31 Jan 1951</i> , 1951, and that death occurred at <i>9:27 A.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>James B. Thomas, M.D.</i>		ADDRESS <i>Frederick, Md.</i>	
DATE SIGNED <i>1/31/57</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>		DATE THEREOF <i>31 Jan 1951</i>	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Montevue Cem.</i>		(State) <i>Frederick Co. Md.</i>	
DATE REC'D BY LOCAL REG. <i>31 Jan 1951</i>		REG. <i>Elizabeth S. Heck.</i>	
REG. <i>20181171321</i>		24. FUNERAL DIRECTOR ADDRESS <i>H. W. Wachter, D.P.T.</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0514

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown,	
LENGTH OF STAY (in this place) 1 day		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.			
3. NAME OF DECEASED (Type or Print) Henry	(First)	(Middle) A.	(Last) Norris
4. DATE OF DEATH 1/14/1951	(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) married	8. DATE OF BIRTH 2/21/1873
9. AGE last birthday 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, ret.	11. BIRTHPLACE (State or foreign country) Middletown, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joshua Norris	14. MOTHER'S MAIDEN NAME Catherine McBride		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Mary Norris, Middletown, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
444x Immediate cause	(a) Arterio Hypertension		
130 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension.		
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 8, 1951 , to Jan 14, 1951 , that I last saw the deceased alive on Jan 13, 1951 , and that death occurred at 415A m., from the causes and on the date stated above. SIGNATURE J E Harp Middletown ADDRESS 1-15-51			
23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 1/17/1951	NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery	LOCATION (City, town, or county) Middletown, Md.
DATE REC'D BY LOCAL REG. Jan 15, 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.	



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

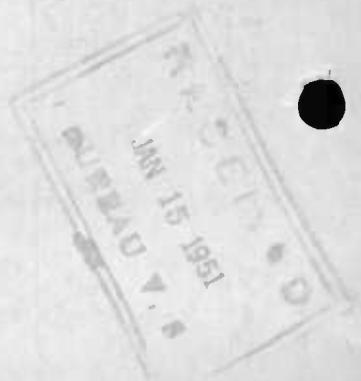
2411 N. Charles Street, Baltimore

0515

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <i>Frederick</i>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Leicester</i>			LENGTH OF STAY (in this place) <i>Lifetime</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Leicester - rural</i>		
3. NAME OF DECEASED (Type or Print) <i>RANHA</i>			4. DATE OF DEATH <i>Jan 9 1951</i>		
(First) <i>RANHA</i>		(Middle) <i>RAYMOND</i>		(Last) <i>NULL</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Nov. 30, 1889</i>	9. AGE last birthday 61 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Factory</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>J. A. P. Null</i>			14. MOTHER'S MAIDEN NAME <i>Jane Null</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>213-18-8253</i>		
17. INFORMANT AND ADDRESS <i>Mrs Carrie Null, Thurmont, Md</i>			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <i>163x</i>		(a) <i>Papilloma of left lung</i>			
Antecedent cause(s) <i>47d</i>		(b) -			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) -			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Secondary infection, emphysema of chest cavity l.</i>					
19a. DATE OF OPERATION <i>Sept 1949</i>		19b. MAJOR FINDINGS OF OPERATION <i>Papilloma of l. lung</i>			
21. ACCIDENT SUICIDE HOMICIDE <i>No</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>10 m.</i>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 8, 1950</i> , to <i>Jan 8, 1951</i> , that I last saw the deceased alive on <i>June 8, 1950</i> , and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.					
SIGNATURE <i>James K. Gray M.D.</i>		(Degree or title) <i>ADDRESS</i>		DATE SIGNED <i>1/10/51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Jan 10, 1951</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Leicester Cemetery, Leicester, Md.</i>	
DATE REC'D BY LOCAL REG. <i>Jan. 10 1951</i>		REGISTRAR'S SIGNATURE <i>Blanche S. Eyer</i>		24. FUNERAL DIRECTOR ADDRESS <i>M. B. Seeger, Son, Thurmont, Md.</i>	
510499					



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05131

1. PLACE OF DEATH COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u>		COUNTY <u>Frederick</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>TOWN</u> <u>Frederick</u>		LENGTH OF STAY (in this place) <u>9 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Jamaica</u>		(If rural, give location) STREET ADDRESS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>								
3. NAME OF DECEASED (Type or Print) <u>Sailey</u>	(First)	(Middle)	(Last) <u>Page</u>	4. DATE OF DEATH <u>Jan 2 1950</u>	(Month)	(Day)	(Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-7-1872</u>	9. AGE last birthday 98 yrs.	If under Months. <u>1</u>	1 year <u>2</u>	If under 24 hrs. Days <u>21</u>	If under Hours <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>John J. Gronenberg</u>		14. MOTHER'S MAIDEN NAME <u>Anna R. Dixon</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT		18. MEDICAL CERTIFICATION		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusiveINTERVAL BETWEEN
ONSET AND DEATHDays of weeks

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last

94a (c)

Arteriosclerosis, generalized

Years

Hypertension

Years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/2/22, 1950, to 1/2, 1951, that I last saw the deceased
alive on 1/1, 1951, and that death occurred at 8:00 A.m., from the causes and on the date stated above.
SIGNATURE James B. Thomas, M.D. ADDRESS Frederick, Md. DATE SIGNED 1/2/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 4-1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>St. Olaf Cemetery</u>	LOCATION (City, town, or county) <u>Frederick</u>
DATE REC'D BY LOCAL REG. <u>4 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>W. E. Falconer New Market Md</u>	

1 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

0517

1. PLACE OF DEATH COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Rural Brunswick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Brunswick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Rosemont</i>		STREET ADDRESS <i>Rosemont</i>	

3. NAME OF DECEASED (Type or Print)	(First) <i>John</i>	(Middle) <i>Henry</i>	(Last) <i>Palmer</i>	4. DATE OF DEATH <i>1/10 1951</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-25-1855</i>	9. AGE last birthday <i>95</i>	If under 1 year Months <i>0</i>	If under 24 hrs. Days <i>0</i>	If under 1 Min. Hours <i>0</i>	10. (Year) <i>1951</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Alabama</i>	12. CITIZEN OF WHAT COUNTRY?
-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------------	---------------------------------

13. FATHER'S NAME <i>Unknown</i>	14. MOTHER'S MADDEN NAME <i>Unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT AND ADDRESS <i>O. F. Palmer Brunswick Md.</i>
--------------------------------------------------------------------------------	----------------------------------	----------------------------------------------------------------

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		

Immediate cause <i>422.2</i>	(a) <i>Stroke</i>	
Antecedent cause(s) <i>93d</i>	(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Stroke</i>	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--------------------------------------------------	-------------------------------------------------------------------------	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	m. <input type="checkbox"/> While at Work <input type="checkbox"/> At work	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	-----------------------

22. I hereby certify that I attended the deceased from <i>Sept. 1, 1947</i> , to <i>Jan. 10, 1951</i> , that I last saw the deceased alive on <i>Jan. 9, 1951</i> , and that death occurred at <i>6:15 A.M.</i> from the causes and on the date stated above.

SIGNATURE <i>John H. Brown</i>	ADDRESS <i>Brunswick Md.</i>	DATE SIGNED <i>1-11-51</i>
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23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>1-13-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mountaineer</i>	LOCATION (City, town, or county) <i>Brunswick Maryland</i>
----------------------------------------------------------	---------------------	-------------------------------------------------------	---------------------------------------------------------------

DATE REC'D BY LOCAL REG. <i>Jan. 11-51</i>	REGISTRAR'S SIGNATURE <i>Kathryn H. Brown</i>	24. FUNERAL DIRECTOR ADDRESS <i>C. H. Lister Bus Brunswick Md.</i>
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0518

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH CITY TOWN		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		COUNTY
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Rosemont	STREET ADDRESS		Rosemont
3. NAME OF DECEASED (Type or Print)		(First) Francis (Middle)	(Last) Petrott	4. DATE OF DEATH	(Month) Jan (Day) 11 (Year) 1951
5. SEX male		6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH	9. AGE last birthday 54 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attorney		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME William Petrott		14. MOTHER'S MAIDEN NAME Mary Lucy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Mary James Petrott		18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coronary occlusion 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 61 stating the underlying cause last (b) (c)	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3. DEATHS IN RELATION DEATHS IN RELATION		4. INTERVAL BETWEEN ONSET AND DEATH 10 min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg. etc.) Dwelling home		(CITY OR TOWN) Frederick, Maryland (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) December 11 1951 10:30 a.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>		HOW DID INJURY OCCUR Frederick, Maryland	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
SIGNATURE		(Degree or title)		ADDRESS	
R. B. Depple, M.D. Ex.				DATE SIGNED 1-12-51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1/15/51		NAME OF CEMETERY OR CREMATORIAL Mt. Olivet	
DATE REC'D BY LOCAL REG. 13 Jan 1951		REGISTRAR'S SIGNATURE Elizabeth G. Hech		LOCATION (City, town, or county) Frederick, Maryland (State)	
24. FUNERAL DIRECTOR		ADDRESS		H. E. Early Co. Frederick, Maryland 055879	



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0519

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

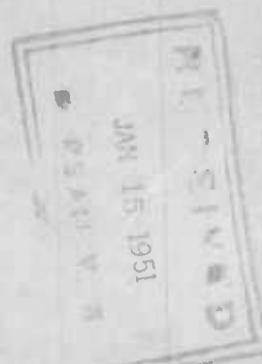
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY (In this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davis Avenue			STREET ADDRESS Davis Avenue (If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) THOMAS	(Last) Phelps	III	4. DATE OF DEATH January 8 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 25, 1950	9. AGE last birthday yrs. 21	If under 1 year Months 11 Days 14 Hours 11 Min. 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Harry T. Phelps, Jr.			14. MOTHER'S MAIDEN NAME Nancy Fitez			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			
17. INFORMANT AND ADDRESS Mr. Harry T. Phelps, Frederick, Maryland			18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 921.0 195d Immediate cause (a) <u>Asphyxiation?</u> Antecedent cause(s) (b) <u>To operation of Vomites</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 min.
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (1951)	(CITY OR TOWN) Frederick		(COUNTY) Frederick	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 1. 8. 51. 4 A.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Frederick, Md.			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE (Degree or title) ADDRESS DATE SIGNED P. W. Barr Deputy Coroner Ex. Frederick Md. 1.12.51						
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Jan. 9, 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland		(State)
DATE REC'D BY LOCAL REG.		REG. 9 Jan 1951		REG. Elizabeth H. Heib.	24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland	

V.S. A15A



Certificate held pending report
of Dr. Baer. Dept. Med. Ex. as to cause
of death.

Very truly yours,
Elizabeth S. Heck.
Registrar 131
Frederick.

0520

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: CITY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u>		CITY <u>Frederick</u> outside corporate limits, write RURAL and give nearest town OR <u></u>			
CITY <u></u> outside corporate limits, write RURAL and give nearest town OR <u></u>		LENGTH OF STAY (in this place) <u>9 yrs.</u>		CITY <u></u> outside corporate limits, write RURAL and give nearest town OR <u></u>		STREET ADDRESS <u>Rural, N. Hagerstown</u> (If rural, give location)			
TOWN <u>Rural - Hagerstown</u>									
HOSPITAL OR INSTITUTION OR STREET ADDRESS									
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		(First)	(Middle)	(Last) <u>Ruppert</u>	4. DATE OF DEATH <u>Jan 2 1951</u>	(Month)	(Day)	(Year)	
5. SEX <u>f</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>		8. DATE OF BIRTH <u>May 8 1874</u>	9. AGE last birthday <u>76</u>	If under 1 year Months <u>0</u>	Days <u>0</u>	If under 24 hrs Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT AND ADDRESS <u>Fred. Co. Welfare Board</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Coronary occlusion

days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street,
of office bldg., etc.) home

(CITY OR TOWN) Hagerstown (COUNTY) Frederick (STATE) Md

TIME (Month) (Day) (Year) (Hour)
of INJURY OCCURRED
Decem 1. 2. 51 ? m.

While at Not while
work at work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title) DR. R. W. BAER

DATE SIGNED 1. 5. 51

23. BURIAL, CREMATION
REMOVAL (Specify) Burial

DATE THEREOF 1/7/51

NAME OF CEMETERY OR CREMATORIAL
EXAMINER Glade

LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL
REG. Jan 1951

REGISTRAR'S SIGNATURE Elizabeth A. Heck

24. FUNERAL DIRECTOR

ADDRESS

G. C. Barton, Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

0521

1. PLACE OF DEATH COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Baltimore		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		STREET ADDRESS
HOSPITAL OR INSTITUTION OR STREET ADDRESS		From 1/19/50 to 1/11/51	Baltimore 6		3912 Putty Hill Ave.
3. NAME OF DECEASED (Type or Print)		(First) Frank (Middle) A. (Last) Schraml	4. DATE OF DEATH Jan. 11, 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH April 28, 1888	9. AGE last birthday 62 yrs.	If under 1 year Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mattress Maker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jacob Schraml			14. MOTHER'S MAIDEN NAME Johanna Tauber		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Lost	17. INFORMANT Patient		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pulmonary Tuberculosis

13 mos.

Antecedent cause(s)

002X
136
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

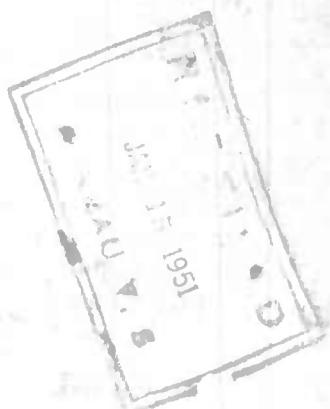
Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Nov. 9, 1950.** to **Jan. 11, 1951**, that I last saw the deceasedalive on **Jan. 11, 1951**, and that death occurred at **1:50 A.M.** from the causes and on the date stated above.SIGNATURE *J. B. ayer M.D.* (Degree or title) ADDRESS DATE SIGNED
State Sanatorium, Md. **1/12/51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 1951	NAME OF CEMETERY OR CREMATORIAL Parkwood Cemetery	LOCATION (City, town, or county) B310 Taylor Ave., Balt	(State) Mo.
DATE REC'D BY LOCAL REG.	REG. # 1/11/51	REGISTRAR'S SIGNATURE <i>J. B. ayer</i>	24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Rd.	ADDRESS Balt., Md.

690309



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0522
Reg. Dist. No. 131

1. PLACE OF DEATH: CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY TOWN STREET ADDRESS	
Frederick Maryland Frederick 13 days Frederick Memorial		Maryland Frederick Thurmont P. D. 1	
3. NAME OF DECEASED (Type or Print)	(First) Mrs. Lola	(Middle) E.	(Last) Shawver
4. DATE OF DEATH	(Month) Jan.	(Day) 7	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH
Female	White	Aug. 18, 1899	9. AGE last birthday 51 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own home	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Milton Stowers	Victoria (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
no		Albert H. Shawver, Thurmont, Md.	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4620.0	Immediate cause (a) Cerebral Thrombosis	2 days
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis	
	(c) Arteriosclerotic Heart Disease	
	Diabetic Mellitus. Gangrene L. Leg	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/30/51	Gangrene L. Leg.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

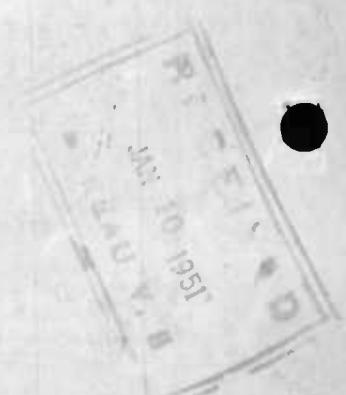
22. I hereby certify that I attended the deceased from 12/26 1950, to 1/7 1951, that I last saw the deceased alive on Jan. 7, 1951, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED Jan. 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Funeral	Jan. 10, 1951	Lorraine Park Cemetery	Baltimore Md.
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 1951	Elizabeth G. Heck.	M. S. Deiger & Son.	Thurmont, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

0523

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium			STREET ADDRESS 62 Elizabeth Street		
3. NAME OF DECEASED (Type or Print)		(First) Quentin (Middle)	(Last) Shrader		4. DATE OF DEATH Jan. 22 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH	9. AGE last birthday If under 1 year Months Days Hours Min.	
Male	White		June 30, 1907	43 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME George Shrader			14. MOTHER'S MAIDEN NAME Annie Poffenberger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Yes Navy 377-16-1561		17. INFORMANT Patient	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Pulmonary Tuberculosis 21 mos. Antecedent cause(s) (b) (c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 24, 1949, to Jan. 22, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 8:20 P.m., from the causes and on the date stated above. SIGNATURE <i>J. B. Ayer, Jr. M.D.</i> ADDRESS State Sanatorium, Md. DATE SIGNED 1/24/51					
23. BURIAL, CREMATION REMOVAL (Specify)	DATE 1-29-51	NAME OF CEMETERY OR CREMATORIAL Blue Ridge Cem.	LOCATION (City, town, or county) Glencmont, Md. (State) (State)		
DATE REC'D BY LOCAL REG. 1/22/51	REGISTRAR'S SIGNATURE <i>J. B. Ayer</i>	24. FUNERAL DIRECTOR N. L. Creager, Jr. - Glencmont, Md.	ADDRESS 720826		

MARGIN RESERVED FOR BINDING

1 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



0524

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
Frederick		Maryland		Herbert		Speaks	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		TOWN		(Month) (Day) (Year)	
Brunswick		40 yrs.		Brunswick		Jan. 16 1951	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		12. CITIZEN OF WHAT COUNTRY	
West 13th St. (near)		19 East 24th Brunswick Md.		(If rural, give location)		U.S.A.	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH	
Male		White		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY			
Herb P. T. Crossing Watchman Rail Road.		Virginia		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MIDDLE NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Unknown		Unknown		Yes, no, or unknown		705-07-7757	
17. INFORMANT AND ADDRESS							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause		(a) Coronary occlusion		940. Antecedent cause(s)		940. Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) _____		940. Antecedent cause(s)		940. Antecedent cause(s)	
(c) _____		940. Antecedent cause(s)		940. Antecedent cause(s)		940. Antecedent cause(s)	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
11/16/51		Injury to heart		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)			
Death		Injury to heart		Brunswick, Frederick			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED OF INJURY 11/16/51 4 P. m.		HOW DID INJURY OCCUR?			
While at work		Not while at work		By falling			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
SIGNATURE		DR. R. W. BAER DEPUTY MEDICAL EXAMINER		ADDRESS		DATE SIGNED	
P. W. Baer		Frederick, Md		1.16.51			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL PARK HEIGHTS		LOCATION (City, town, or county) Brunswick, Maryland	
Jan. 18-51		1-19-51		PARK HEIGHTS		(State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Jan. 18-51		Kathryn H. Brown		C. H. Felt, Jr.		Bro. Brunswick, Maryland	
T		Dep.		785506			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0525

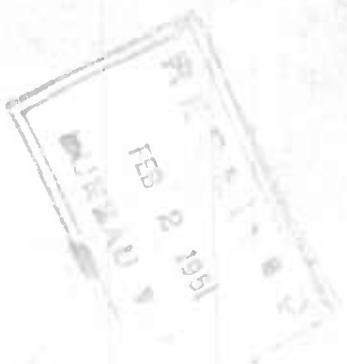
CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH Mar 15 1925	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Martin J. Styrine		14. MOTHER'S MAIDEN NAME Sarah Mouser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Gregg J. Styrine		18. MEDICAL CERTIFICATION Baltimore, Md.	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 199.5 Immediate cause (a) Bronchopneumonia 478 Antecedent cause(s) (b) metastatic carcinoma of mediastinum Diseases or conditions, if any, (c) source undetermined stating the underlying cause last		INTERVAL BETWEEN ONSET AND DEATH 2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis, generalized 15 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY White at m. Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR? Not White	
22. I hereby certify that I attended the deceased from <u>10 Mar</u> , 1950, to <u>28 Jan</u> , 1951, that I last saw the deceased alive on <u>28 Jan</u> , 1951, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. SIGNATURE <u>E. Miller Jr. M.D.</u> ADDRESS <u>Walkersville Md. 24 Jan 51</u> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	
30 Jan 1951		Eligah L. Hedges Towson & Hartley Woodsboro 2401	





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0520

134

1. PLACE OF DEATH COUNTY Frederick County		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Frederick Maryland		COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Emmitsburg, Md.		LENGTH OF STAY (in this place) 5 years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Emmitsburg, Maryland		(If rural, give location) STREET ADDRESS St. Joseph's Central House		
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House						St. Joseph's Central House		
3. NAME OF DECEASED (Type or Print)	(First) Marie	(Middle) Lucille	(Last) Thiac	4. DATE OF DEATH	(Month) 1	(Day) 11	(Year) 1951	
5. SEX	6. COLOR OR RACE Female	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sister of	8. DATE OF BIRTH Charity	9. AGE last birthday 71 yrs.	If under 1 year Months	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Duties in Hospitals	11. BIRTHPLACE (State or foreign country) Bayou la Fourche, La.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Joseph Octave Thiac		15. WAS DECREASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Sister Martina, Treasurer	18. MEDICAL CERTIFICATION Cerebral Hemorrhage. Hypertension Cardiovascular Disease - Several years 2 days
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last								INTERVAL BETWEEN ONSET AND DEATH
443x 93d								(a)
(b)								(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1945, to 1951, that I last saw the deceased alive on <u>Dec 10, 1951</u> , and that death occurred at <u>1A</u> m., from the causes and on the date stated above. SIGNATURE <u>R. Cade Jr</u> ADDRESS <u>Minerbury Rd</u> DATE SIGNED <u>1-11-51</u> (Degree or title)								
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1/13/51		NAME OF CEMETERY OR CREMATORIAL St. Joseph's Cemetery		LOCATION (City, town, or county) Emmitsburg, Md. (Private)		
DATE REC'D BY LOCAL REG.		REGISTRATION'S SIGNATURE Jan 11-1951 M. B. Shaff		24. FUNERAL DIRECTOR Dr. L. Cullen		ADDRESS Emmitsburg, Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0527

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
MARYLAND Length of Stay (in this place) 1 yr		Md (If rural, give location) Woodsboro Rural Woodsboro	
3. NAME OF DECEASED (Type or Print)	(First) Daisy	(Middle) Gertrude	(Last) Towns
4. DATE OF DEATH	Jan 5	(Month)	(Day)
5. SEX	Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH	May 18, 1877	9. AGE last birthday yrs.	73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY	US	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	no	16. SOCIAL SECURITY NO.	17. INFORMANT
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a) Acute myocardial failure 2 days		
252.0 636	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thyrotoxic Cardiac-vascular Disease 15 years		
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) Hour While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While
22. I hereby certify that I attended the deceased from 1 Nov., 1950, to 5 Jan., 1951, that I last saw the deceased alive on 5 Jan., 1951, and that death occurred at m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED E. Miller Jr. Walkersville and 6 Jan 51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	Jan 9, 1951	Mt. Hope	Woodsboro Md
DATE REC'D BY LOCAL REG.	REG. DATE	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 8, 1951	Jan. 8, 1951	L. B. Powell	C. C. Barton Walkersville Md

MARGIN RESERVED FOR BINDING

1 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0528

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY Fredk.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rocky Ridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) MELVIN (Middle) DELANO (Last) VALENTINE	4. DATE OF DEATH Jan. 14. 1951 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feb. 9.1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Robert E. Valentine		11. BIRTHPLACE (State or foreign country) Fredk. Co. Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Kathryne Valentine Rocky Ridge MD		12. CITIZEN OF WHAT COUNTRY U.S.A	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 353.1 Immediate cause (a) Terminal bronchopneumonia Antecedent cause(s) (b) Grand mal epilepsy 107 Diseases or conditions, if any, (c) with degenerative cerebral disease giving rise to the above cause stating the underlying cause last		INTERVAL BETWEEN ONSET AND DEATH 6 days 6 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on Jan 13, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.		DATE SIGNED 1-15-51	
SIGNATURE H. Cade MD		ADDRESS Innertburg Md	
23. BURIAL, CREMATION REMOVED (Specify)		NAME OF CEMETERY OR CREMATORIAL Mt Tabor Cem.	
DATE REC'D BY LOCAL REG'D Jan. 16 1950		LOCATION (City, town, or county) Rocky Ridge MD ADDRESS Thurmont Md	
REG'D Jan. 16 1950		24. FUNERAL DIRECTOR Blanche S. Eyer M, L, Creager & Son Thurmont Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0529

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY			
Frederick				Maryland		Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN			
TOWN		Frederick		1 year		Rural - Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Frederick Memorial Hospital		STREET ADDRESS		(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)	
		GERTRUDE	IONE	WAY	January	29	1951		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	1 year Months	If under 24 hrs. Hours		
Female	White	Married	Oct. 8, 1868	82 yrs.	Months	Days	Mos.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
housewife		Own Home		New Hampshire		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Samuel Beane		Isadora Bowers							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS					
(If year, give war or dates of service)		None		Mr. Harry L. Way, R.F.D. 5, Frederick, Md.					
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
422.2 Immediate cause		Congestive Heart Failure							
93d Antecedent cause(s)		Chronic Myocarditis							
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		?							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY?									
Yes <input type="checkbox"/> No <input type="checkbox"/>									
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	(STATE)
INJURY									
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 8, 1951, to Jan 29, 1951, that I last saw the deceased									
alive on Jan 29, 1951, and that death occurred at 2:53 P.M., from the causes and on the date stated above.									
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED			
Howard W. Ashm		O.		Frederick, Md 1-30-51					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORI		LOCATION (City, town, or county)		(State)	
Burial		Feb. 1, 1951		Arlington Cemetery		Drexel Hill, Pa.			
DATE REC'D BY LOCAL		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
30 Jan 1951		Elizabeth B. Heck		C. E. Cline & Son, Frederick, Maryland					



1. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

0530

1. PLACE OF DEATH: COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Brunswick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Brunswick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>311 West Prince St</i>		STREET ADDRESS <i>311 West Prince St</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>George</i>	(Middle) <i>E.</i>	(Last) <i>Wayble</i>
4. DATE OF DEATH <i>Jan. 11 1951</i>	(Month)	(Day)	(Year)
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Oct. 15-1868</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Engineer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>R.R. Stew.</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Cyrus</i>	14. MOTHER'S MAIDEN NAME <i>Ann Rebecca Davis</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT AND ADDRESS <i>Mrs. Hazel N. Gode Brunswick Md.</i>	18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause *450.0* (a) *old heart disease*Antecedent cause(s) *97*Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last (b) *97*stating the underlying cause last (c) *97*II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR? Not While At work	

22. I hereby certify that I attended the deceased from *1950* to *1951*, that I last saw the deceasedalive on *1/17 1951*, and that death occurred at *6:30 P.M.* from the causes and on the date stated above.SIGNATURE *Brumwicke*DATE SIGNED *1/19/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>1-14-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Green Hill</i>	LOCATION (City, town, or county) <i>Martinsburg West Virginia</i>	(State)
DATE REC'D BY LOCAL REG. <i>Jan. 13-51</i>	REGISTRAR'S SIGNATURE <i>Kathryn J. Brown</i>	24. FUNERAL DIRECTOR <i>C. N. Felt as Bro Brumwicke</i>	ADDRESS <i>Martinsburg West Virginia</i>	





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0532

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Buckeystown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown	
LENGTH OF STAY (in this place) 20 years		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) VIRGINIA	(Middle) M.	(Last) WISE
4. DATE OF DEATH	(Month) January	(Day) 14	(Year) 1951
5. SEX	6. COLOR OR RACE Female	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Widowed	8. DATE OF BIRTH 4-23-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alfred McCuskey	14. MOTHER'S MAIDEN NAME Mary Ewing		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Harriet McCuskey, Frederick, Maryland	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
174x 48b	Immediate cause (a)	Carcinomatosis, probably arising from the Uterus or Ovary.	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19....., to 19....., 19....., that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 11:00 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Howard W. Ash M.D. Frederick, Md. 1-15-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 17, 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Elisabeth S. Heek	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	
16 Jan 1951			



1 MARGIN RESERVED FOR BINDING

evidence for change
in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0533

Reg. Dist. No. 144

FILM No. G 130 JAN 29 1951

CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS	
Frederick MARYLAND		Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Thurmont LENGTH OF STAY (in this place) 50 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont RD #1 (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Sarah	(Middle) Elizabeth	(Last) Wolfe
4. DATE OF DEATH	(Month) Jan	(Day) 19	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH
Female	White	Dec. 3, 1876	9. AGE last birthday 74 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housenwife	own home	Maryland	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Jacob Nemamaker	Sarah Jemison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
None		Mrs. Esther Miller, Thurmont, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

175 Immediate cause	(a) Carcinomatosis	3 mo.
49a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of left ovary	1 yr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic myocarditis	?
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Franklin Burch Thurmont, Md. 1/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	Jan 22, 1951	Mt. Prospect Cemetery	Levistown	Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Jan 22, 1951	Blanche S. Eyer	M. L. Creager & Son	Thurmont	

JAN 24 1951

1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0534

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#5		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1		STREET ADDRESS Mount Pleasant (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital							
3. NAME OF DECEASED (Type or Print)	(First) JENNIE	(Middle) BELLE	(Last) ZIMMERMAN	4. DATE OF DEATH	(Month) 1	(Day) 15	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
Female	White	2 April 1876	74 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lewis I. Ausherman		14. MOTHER'S MAIDEN NAME Ann Catherine Delauter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs. C. Welty Wastler, Frederick, Maryland		R. F. D. #1,	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X	Immediate cause	(a) <i>Cerebral Thrombosis</i>					
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) _____ (c) <i>Diabetes</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec. 1</i> , 1950, to <i>Jan. 15</i> , 1951, that I last saw the deceased alive on <i>Jan. 14</i> , 1951, and that death occurred at <i>1:40 A</i> m., from the causes and on the date stated above. SIGNATURE <i>Bernard O. Juras</i> (Degree or title) ADDRESS DATE SIGNED <i>15 Jan 1951</i>							
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 17 Jan 1951	NAME OF CEMETERY OR CREMATORIAL Pleasant Hill Cemetery	LOCATION (City, town, or county) Monrovia, Maryland				
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE <i>Elizabeth H. Heck</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland					

